

PROGRAM EXPENSES
Schedule P1
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Type of Program
(Check One)

	Alcohol
	Drug
	Perinatal
	Parolee

SALARIES AND EMPLOYEE BENEFITS

PROPOSITION 36 USE ONLY

CONTRACT AGENCY LEGAL NAME				MODE OF SERVICE			Date	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Title of Position Staff Classification Number (List each non-consultant position working on contract	Monthly Salary	% of Time Employed By Agency	% of Time Spent on Contract Services	% of Time Spent on Direct Services	Total Annual Salary	Actual Expenditures (From Financial Records)	County Approved Budget	(H - G) Variance
Note: Use additional pages if needed.								
Salary Subtotal								
Employee Benefits (E.B.) Actual								
FICA \$								
TOTAL SALARIES AND E.B.								

Post Totals to Summary Page (Line 1)